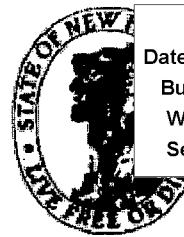


State of New Hampshire  
Department of State  
Corporation Division  
603-271-3246



Filed  
Date Filed: 12/26/2014  
Business ID: 606845  
William M. Gardner  
Secretary of State

Reinstatement of Charter

1. I, the undersigned, have been authorized and directed, on behalf of

Royal Plumbing & Heating Inc

to request reinstatement by the payment of fees in arrears plus a reinstatement fee of \$135.00 and the filing with the secretary of state of annual reports and any other forms with fees required by law. The date of the dissolution was August 29, 2014. (Note 1)

\*\*\*\*\*

2. **OMIT THIS SECTION IF NOT APPLICABLE AND COMPLETE SECTION 3.**

(Complete this section ONLY if the name at time of reinstatement is not available. The entity name is protected for 120 days after the date of dissolution. Name must be checked for availability after 120 days.) (Note 2)

I further certify that since the name is no longer available, the name as amended will be

\_\_\_\_\_

The name or proposed name satisfies the requirements of the Revised Statutes Annotated.

\*\*\*\*\*

3. Dated 12-24, 14

By \_\_\_\_\_  
Signature

(Note 3)

Herri Fitzpatrick  
Print or type name

Vice President  
Title

BIN: 606845

Note 1: If this application is filed with the Office of the Secretary of State MORE THAN 120 DAYS AFTER THE DATE OF DISSOLUTION, a CERTIFICATE OF GOOD STANDING from the In-State Bureau, Audit Division, Department of Revenue Administration, PO Box 457, Concord NH 03301-0457, must be submitted with this application. The fee for the certificate of good standing, payable to the Department of Revenue Administration, is \$30.00.

Note 2: If the entity name has changed, there will be an additional \$35.00 filing fee due with this application.

Note 3: Signature and title of person signing for the entity. Must be authorized to sign of behalf of the entity as required by the Revised Statutes Annotated.

State of New Hampshire  
Reinstatement Package 3 Page(s)



T1436355003



# State of New Hampshire

## 2013 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2013

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Royal Plumbing & Heating Inc

PO Box 916

Plaistow, NH 03865

### ADDRESS OF PRINCIPAL OFFICE:

32 Pollard Rd

Plaistow, NH 03865

### REGISTERED AGENT AND OFFICE:

Fitzpatrick, Kerri

32 Pollard Road

Plaistow, NH 03865

ENTITY TYPE: CORPORATION

BUSINESS ID: 606845

STATE OF DOMICILE: NEW HAMPSHIRE

provide residential, commercial, industrial plumbing and heating  
services/installations

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

### OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME Brian Fitzpatrick  
STREET PO Box 916  
CITY/STATE/ZIP Plaistow NH 03865  
NAME Kerri Fitzpatrick  
STREET PO Box 916  
CITY/STATE/ZIP Plaistow NH 03865  
NAME  
STREET  
CITY/STATE/ZIP  
NAME  
STREET  
CITY/STATE/ZIP

### BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME Brian Fitzpatrick  
STREET PO Box 916  
CITY/STATE/ZIP Plaistow NH 03865  
NAME  
STREET  
CITY/STATE/ZIP  
NAME  
STREET  
CITY/STATE/ZIP  
NAME  
STREET  
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

NAME

TITLE

FEE DUE: \$150.00

E-MAIL ADDRESS (OPTIONAL):

Kerlyn73@gmail.com



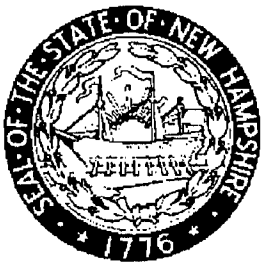
060684520131501

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301



# State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
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NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
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NAME \_\_\_\_\_  
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CITY/STATE/ZIP \_\_\_\_\_

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NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

NAME

TITLE

FEE DUE: \$150.00

E-MAIL ADDRESS (OPTIONAL): Kerlyn73@gmail.com



060684520141502

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